

APR 04 2006

**FAX TRANSMISSION****DATE:** April 4, 2006**PTO IDENTIFIER:** Application Number 10/717912-Conf. #7375  
Patent Number**Inventor:** Leo M. ROZMARYN**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** WILMER CUTLER PICKERING HALE AND DORR LLP

Irah H. Donner

**PHONE:** (212) 230-8800**Attorney Dkt. #:** 0111190.00121US1**PAGES (Including Cover Sheet):** 23

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Application No. (if known): 10/717912

Attorney Docket No.: 0111190.00121US1

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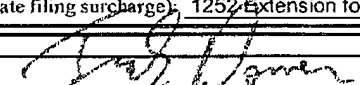
Fee Transmittal (1 page)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Amendment (18 pages)  
Transmittal (1 page)  
Applicant Initiated Interview Request (1 page)  
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known		
<b>FEE TRANSMITTAL</b> For FY 2006		Application Number	10/717912-Conf. #7375	
		Filing Date	November 21, 2003	
		First Named Inventor	Leo M. ROZMARYN	
		Examiner Name	J. V. Thompson	
		Art Unit	2855	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	0111190.00121US1	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 225.00				
<b>METHOD OF PAYMENT</b> (check all that apply)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____				
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 08-0219    Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments				
<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>				
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>				
	FILING FEES		SEARCH FEES	EXAMINATION FEES
	Small Entity	Small Entity	Small Entity	Small Entity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	200
Design	200	100	100	130
Plant	200	100	300	160
Reissue	300	150	500	600
Provisional	200	100	0	0
<b>2. EXCESS CLAIM FEES</b>				
Fee Description	Fee (\$)	Small Entity Fee (\$)		
Each claim over 20 (including Reissues)	50	25		
Each independent claim over 3 (including Reissues)	200	100		
Multiple dependent claims	360	180		
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
				Fee (\$)
				Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	
HP = highest number of independent claims paid for, if greater than 3.				
<b>3. APPLICATION SIZE FEE</b>				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____				
<b>4. OTHER FEE(S)</b>				
Non-English Specification, \$130 fee (no small entity discount)				
Other (e.g., late filing surcharge): 1252 Extension for response within second month				225.00
<b>SUBMITTED BY</b>				
Signature			Registration No. (Attorney/Agent)	35,120
Name (Print/Type)	Irah H. Donner		Telephone	(212) 230-8800
			Date	April 4, 2006

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Dated: April 4, 2006

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### Applicant Initiated Interview Request Form

Application No. 10/717,912 First Named Applicant: Leo M. Rozmaryn  
Examiner: Jewel Vergie Thompson Art Unit: 2855 Status of Application: Pending

#### Tentative Participants:

(1) Irah H. Donner, Esq. (2) Leo M. Rozmaryn, M.D.  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Proposed Date of Interview: \_\_\_\_\_ Proposed Time: \_\_\_\_\_ (AM/PM)

#### Type of Interview Requested:

(1) ☐ Telephonic (2) ☒ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☒ YES ☐ NO

If yes, provide brief description: Dr. Rozmaryn will bring device embodying invention for demonstration

### Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej. 1-26</u>	<u>1-26</u>	<u>Boatright et al.</u>	[ ]	[ ]	[ ]
(2) _____	_____	<u>Stanec et al.</u>	[ ]	[ ]	[ ]
(3) _____	_____	_____	[ ]	[ ]	[ ]
(4) _____	_____	_____	[ ]	[ ]	[ ]
[ ] Continuation Sheet Attached					

#### Brief Description of Arguments to be Presented:

Prior art rejections and invention's benefits by stabilizing the hand

An interview was conducted on the above-identified application on \_\_\_\_\_.

**NOTE:** This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Irah H. Donner

Typed/Printed Name of Applicant or Representative

Examiner/SPE Signature

Signature of Applicant or Representative

35,120

Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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